

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28505

1. PLACE OF DEATH

County Jennett Registration District No. 651
Township Little Prairie Primary Registration District No. 5-862
City (No.) St. Ward

File No.
Registered No. 108

2. FULL NAME

(a) Residence No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

John Frey Tartton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 3 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) A. J. Dillman Bu
(c) Name of employer A. J. Dillman
Canthersville

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER E. F. Tartton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

12. MAIDEN NAME OF MOTHER Lydia Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Ky

14. INFORMANT Irene Tartton
(Address) Canthersville, Mo

15. FILE NO. 1931 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30 1929

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 , and that I last saw him alive on 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Automobile Accident
(Found dead under overturned car, was driving alone)
2:10 P.M. (duration) yrs. mos. ds.

CONTRIBUTORY This accident was in (SECONDARY) the County (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) James F. Vickrey M. D. August 29 (Address) Braggadolis Canthersville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Prairie County DATE OF BURIAL Aug-31 1929

20. UNDERTAKER J. R. Lewis ADDRESS Canthersville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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